

## Safety

Safety is, and remains, our priority for every one of our child welfare-related services. It is our common and constant focus across and among programs. Washington's comprehensive response and commitment to child safety is exemplified by the primary goals of the 'Kids Come First' Action agenda, a comprehensive statewide initiative developed in 2001 to address the practice approach in the field in response to child abuse and neglect. The goals of this action agenda were: 1) to make child safety the first priority; 2) to improve the wellbeing of children in out-of-home care; 3) to improve the quality and effectiveness of the state's child welfare services; and 4) to support community partnerships that protect children, increase their stability, and help expedite permanency in children's placements.

In committing our efforts to this new chapter, the Phase II 'Kids Come First', we affirm our commitment to the previous goals and action agenda of Phase I and have created an additional action agenda in this plan to carry the work of safety and permanency deeper into our practice and into our shared goals with partners in the community.

There are several important issues that appear in the data regarding the safety of Washington's children that we address with this plan. Washington fell short of meeting the standard of substantial conformity in regard to the timeliness of initiating a response to a report of child abuse and neglect and the recurrence of maltreatment. We are challenged to not only meet timelines, but to support earlier intervention with children when maltreatment is reported. While the data shows the number of child maltreatment reports continues to fall (not dramatically, but a steady slight downturn), the number of reports of child neglect continues to rise. This, in addition to the noted areas of improvements above, point to opportunities to improve and sharpen our response to child maltreatment in the state.

The steps we take to act on child abuse and neglect reports must be more responsive and timely to support the child's deserved level of safety and to assure the community at large that we are trusted partners in responding to their reports. It is also affirmed in research that earlier intervention with families after an incident lends to a greater potential for successful outcomes for both the parent(s) and children. Thus, by focusing resources on our response timeline, we should be successful in creating a decline in our maltreatment recurrence rates. Also, by using the available tools efficiently and effectively, our ability to get the best information before us when we are called to make decisions, with the family's input, should create a climate where there are lower rates of recurrence.

The outcome we seek is to keep Washington's children safe. We have four distinct challenges and goals to meet in regard to child safety: improving the timeliness of initiating reports of child maltreatment; reducing repeat maltreatment; reducing risk of harm to the child; and enhancing the quality, effectiveness and efficiency of child protective service investigations. We will do this by:

- Reducing response time on Child Protective Services referrals;
- Improving the quality of intake services;
- Reducing the number of chronically referring families;
- Implementing a revised system of findings of child abuse and neglect;
- Improving the percentage of safety plans and risk assessments completed within required timeframes;
- Improving the quality of safety assessments and safety plans;
- Restructuring the CPS and CWS model;
- Improving our response to child neglect;
- Developing an adolescent service model incorporating FRS, CWA and CPS components; and
- Continuing to work with the development and implementation of the statewide interagency domestic violence protocol.

Some of the major benchmarks and strategies we will use to affect these outcomes and goals are:

*Shorten our response time on Child Protective Services (CPS) referrals:*

Requiring earlier face-to-face contact with children who are reported to be at risk of maltreatment is directly responsive to our outcome. Our goal is to initiate a quicker response, with an assured face-to-face contact with the child. To do this we will respond to emergent child abuse and neglect issues with a face-to-face contact in 24 hours. For non-emergent cases, we will make contact with the child (face-to-face) in 72 hours, with documentation. Our contact with family members and providers in these situations is pivotal. We must make every effort to begin this process and start offering services and assessments at the earliest moment in time to gain the outcomes we seek in creating an impact on achieving child safety.

*Clearly Define Roles of CPS Social Workers:*

More definitive and clearer roles for Child Protective Service social workers will be created to emphasize that their primary task is to conduct the investigation and assessment. This will give us greater capacity to shorten our response time. If additional services are warranted, the role of CPS will be to transfer, or in some cases to team the case with/to a colleague for in-home services, child placement and reasonable efforts, or other services and case management. This will reduce the number of cases CPS social workers are actively carrying (and thus reduce their workload) and enable them to see children quickly and more

thoroughly assess for safety and risk. This restructuring will also keep the work of the child protective services social worker very focused on risk and safety assessments and investigations. Their primary role will be assessing the merits of the allegation that resulted in an accepted referral or a removal for the fact-finding hearing.

*Implement Family Team Decision Making Meetings:*

Implementing Family Team Decision Meetings within 72 hours of a child's placement in out-of-home care will ensure the family is involved in early case decision making and planning. This process will give us an earlier opportunity to engage the family in discussion about safety needs and risks, services, and options for the family and the identified child(ren). It also gives us an earlier opportunity as an agency to come to the table to voice our protective concerns and give parents and often the extended family the opportunity to be heard in expressing their ideas and plans, identify family resources and discuss visitation.

Through these team decision-making meetings, there will not only be earlier family involvement, there will be opportunities for early identification of tribal affiliation and engaging and involving fathers and paternal relatives in the decision-making and planning processes.

*Strengthen our Approach and Response to Child Neglect and Chronicity:*

By focusing on cases where we receive multiple referrals in an identified time period, or indicators of chronic neglect, we can focus on providing services through a comprehensive and multi-disciplinary team effort to assist families. This is intended to achieve better outcomes than we have experienced in these situations in the past. Recent research confirms that an intense, multi-disciplinary focus on providing services to chronic maltreatment situations has a higher potential of success in reaching the threshold of safety and wellbeing for the children in the home. This research also confirms that effective intervention with neglectful families is based on the relationship the service providers build with the family, thus engaging the family early in all the case processes.

*Using Safety Plans and Risk Assessments to Guide our Decisions:*

Likewise, we need to be complete and comprehensive in using the tools that speak to safety and risk. The tools become integral in determining which services are most appropriate and have the greatest chance of addressing the attendant safety and risk concerns. Completing an investigation in a 75-day period opens the door to early and effective provision of services in our community. On an in-home services case, services can be directed toward a plan to assure the safety of the child(ren); in an out-of-home case, to begin the process of considering if, how and when children can return to the home. This

is directly responsive to our commitment to maintain children in their families' care and home if safety of the children can be assured and supported; only removing children when their safety remains an area of concern.

*Strengthening and Building our Capacity:*

Supporting and maintaining a prepared, well-trained, and culturally competent workforce linked to strong supervisors with caseloads that allow for the time needed to build relationships with families and community partners and complete good casework is key to this reform. It is also essential that caseworkers have the technical support, tools and information they need to do their jobs well.

The goal of keeping children safe must involve our most valuable partners; family members, community partners, and resource families. Case plans should be built with family involvement in the development process, using extended family members' involvement where available. Also, we must be attentive to working with community partners (for example, our partners in public assistance, domestic violence, mental health, and drug and alcohol services, family preservation) who provide both clinical services for the family and those partners who provide natural systems of support for the family and intersect with the children in many capacities and provide important information on their wellbeing.